



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

735083

Local No 000774

EDR No 000000194539

State No

1. Decedent's Legal Name (First, Middle, Last) <b>JIHA'D CYPRUS VASQUEZ</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>01:50 PM</b>		4. Date Of Death (Month/Day/Year) <b>04/14/2011</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>16</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) <b>06/21/1994</b>		8. Birthplace (City and State or Foreign Country) <b>DETROIT, MI</b>									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>QUEENBORO STREET</b>											
12. City Or Town, State, And Zip Code <b>SOUTH BEND, IN, 46614</b>						13. County Of Death <b>ST. JOSEPH</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>STUDENT</b>		17. Kind Of Business/Industry <b>EDUCATION</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>ST. JOSEPH</b>				18b. City Or Town <b>SOUTH BEND</b>			
18c. Street And Number [REDACTED]						18d. Apt. No. [REDACTED]		18e. Zip Code <b>46614</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>Black or African American</b>			
22. Father's Name (First, Middle, Last) <b>ANTONIO VASQUEZ JR</b>				23. Mother's Name (First, Middle, Last) <b>STEPHANIE F. JONES</b>				23a. Mother's Maiden Last Name <b>JONES</b>			
24. Informant's Name <b>STEPHANIE F JONES</b>				24a. Relationship To Decedent <b>MOTHER</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) [REDACTED] <b>SOUTH BEND, IN 46614</b>			
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>WYATT CREMATORY</b>				25c. Location - City, Town, And State <b>WYATT, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>HANLEY &amp; SONS FUNERAL HOME INC. (SOUTH BEND), 23421 STATE ROAD 23, SOUTH BEND, IN 46614</b>						27a. Funeral Home License Number: <b>FH88800151</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>JON K HANLEY, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006332</b>					
Cause Of Death (See Instructions And Examples)											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>ASPHYXIAATION BY HANGING</b>  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last  B. C. D.										Approximate Interval: Onset To Death  <b>SECONDS</b>	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year) <b>04/14/2011</b>		35. Time Of Injury <b>13:50</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>UTILITY EASEMENT</b>				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State <b>INDIANA</b>		38a. City Or Town <b>SOUTH BEND</b>		38b. Street & Number [REDACTED] <b>NORTH QUEENSBORO STREET</b>				38c. Apt. No.		38d. Zip Code <b>46514</b>	
39. Describe How Injury Occurred <b>VICTIM AFFIXED LIGATURE AROUND HIS NECK AND SUSPENDED HIMSELF</b>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <b>CHARLES HURLEY, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>CHARLES HURLEY, RM 424 COUNTY CITY BUILDING, SOUTH BEND, IN 46601</b>						44. License Number		45. Date Certified <b>04/15/2011</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <b>THOMAS A. FELGER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 15 2011</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											